

**NONAPPROPRIATED FUND INSTRUMENTALITY
EMPLOYEE PERFORMANCE RATING**

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

1. NAME <i>(Last, First, MI)</i>		
2a. POSITION TITLE	2b. POSITION NUMBER	2c. GRADE
2d. I AGREE THAT THE JOB DESCRIPTION ACTUALLY REFLECTS THE DUTIES OF THE POSITION.	SUPERVISOR'S INITIALS	EMPLOYEE'S INITIALS
3. NAME AND LOCATION OF EMPLOYING OFFICE		
4. TYPE OF RATING <input type="checkbox"/> ANNUAL <input type="checkbox"/> PROBATIONARY		5. RATING PERIOD FROM (YYYYMMDD) TO (YYYYMMDD)
6. RETENTION AFTER PROBATIONARY PERIOD <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED		
7. THE OFFICIAL RATING ASSIGNED <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> OUTSTANDING (4)</div><div><input type="checkbox"/> SATISFACTORY (2)</div><div><input type="checkbox"/> UNSATISFACTORY</div></div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"><div><input type="checkbox"/> EXCELLENT (3)</div><div><input type="checkbox"/> MINIMALLY SATISFACTORY (1)</div></div>		
8a. SUPERVISOR'S SIGNATURE		8b. DATE (YYYYMMDD)
9a. APPROVING OFFICIAL'S SIGNATURE		9b. DATE (YYYYMMDD)
10a. EMPLOYEE'S SIGNATURE		10b. DATE (YYYYMMDD)
<i>(Employee's signature does not necessarily constitute agreement with the rating, but does acknowledge that position description is accurate and discussion has been held concerning performance with the rating period.)</i>		